

Data Infrastructure Grant

ADULT MENTAL HEALTH & WELL-BEING SURVEY

2012 ADULT SURVEY

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AT A GLANCE

Summary of 2012 Adult Mental Health & Well-Being Survey

The 2012 Adult Mental Health & Well-Being Survey was administered by mail in June 2012. The survey was mailed to individuals who received services during the previous eight months from MaineCare Section 17 Community Support Services or Section 97 Services Adult Residential Services (PNMI).

A total of 10,696 names and addresses of adults receiving an SMI related service were obtained from the APS HealthCare, Inc. data system, CareConnection. This group of 10,696 is referred to as the "service population". Of that 10,696, 9,834 surveys were mailed to valid addresses. Of the 9,834 valid addresses, the DHHS Office of Continuous Quality Improvement Services received back 1,342 completed surveys for a response rate of 13.6%.

Highlights from the 2012 survey include:

DEMOGRAPHICS

- Females (63.3%) were more likely to respond to the survey than males (36.7%).
- The age of survey respondents ranged from 18 to 86 with an average age of 47.4 years.
- Individuals aged 35 and 54 had the highest survey response rate (47.4%).
- The geographic distribution of survey respondents corresponded closely to the distribution of the actual service population.

DOMAIN AREA SUMMARY

- Overall, respondents reported a high degree of satisfaction with their mental health services.
- The Participation in Treatment Planning domain had the highest proportion of satisfied respondents by domain (85.7%).
- Individuals reported being the least satisfied with their experiences of Social Connectedness (63.1%) and Functioning (60.9%).
- Respondents age 65 and older reported significantly greater satisfaction with their experiences relating to General Satisfaction, Social Connectedness, Outcomes, and Functioning.
- AMHI class members reported greater satisfaction than non class members in the areas of Social Connectedness and Outcomes.

HEALTH AND WELL-BEING

- Respondents of the 2012 Adult Mental Health & Well-Being Survey were more likely to report:
 - Higher percentages of health risk, including smoking, obesity, high cholesterol and high blood pressure than the general population in Maine.
 - Higher percentages of chronic health conditions than the general population in Maine.

INTRODUCTION

Currently in its 12th year, the Maine Data Infrastructure Grant (DIG) is a federally funded project coordinated by Maine's Department of Health and Human Services Office of Continuous Quality Improvement Services (OCQIS). The grant is sponsored through the Federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) and supports the strengthening of state-level mental health system data through the analysis of service use and service outcomes for adults and children receiving mental health services.

The DIG supports the administration of the DHHS Mental Health & Well-Being Survey, a survey administered annually to adults, children and families receiving publicly funded mental health services from DHHS. Many of the questions asked in the DHHS Mental Health & Well-Being Survey in Maine are also used by State Mental Health Authorities in 50 states and 7 United States Territories. The widespread use of the survey allows for national comparisons of satisfaction trends. The survey assesses consumer satisfaction with mental health services and continues to remain a key part of SAMHSA's National Outcome Measures. The National Outcome Measures (NOMs) are a performance-based, outcome-driven measurement system that focuses on outcomes for people receiving mental health services.

In 2007, Maine was the first state to introduce the inclusion of Health and Well-Being items in both the Adult and Child/Family Mental Health & Well-Being Surveys. These items were adapted from the Behavioral Risk Factor Surveillance System (BRFSS), which is a survey used by all 50 states and has been coordinated by the Centers for Disease Control and Prevention (CDC) since 1987. The Health and Well-Being items included in the Mental Health & Well-Being survey are intended to assess the history of heart disease, diabetes and other health risk factors in survey respondents receiving mental health services. The introduction of these items provides an opportunity to determine if there is an association between the reported health of a survey respondent and satisfaction with the services that they have received over the past year.

Results from the survey are reported annually to stakeholders of the mental health system, including service recipients and their family members, community service providers, and state mental health officials. By examining trends and consumer satisfaction, we can continue to gauge the perceptions of how well services are being provided and use this information side by side with additional measures of service outcomes to improve and enhance the experience of service recipients.

SURVEY METHODOLOGY

Administration of this year's Adult Mental Health & Well-Being Survey was initiated in June 2012. The DHHS Behavioral Health Administrative Service Organization, APS Healthcare, Inc., provides the name, address, zip code, gender, race, age and county of residence for administration of the survey. APS Healthcare, Inc. maintains the service authorization data system for MaineCare funded behavioral health services. The survey was mailed to individuals who received a Severe Mental Illness (SMI) related service during the previous eight months. Adults with a Severe Mental Illness (SMI) are an important subpopulation of adults with mental health challenges and a priority population for the DHHS Office of Adult Mental Health Services. This group is identified by their use of Section 17 Community Support Services or Section 97 Services Residential Treatment Services. In addition to the survey, a cover letter is enclosed to inform individuals of the purpose of the survey, where to call to ask questions about the survey, and that completing the survey is voluntary.

A total of 10,696 names and addresses of adults receiving an SMI related service were obtained from the APS HealthCare, Inc. data system, CareConnection. In this report, this group of 10,696 is referred to as the "service population". Of that 10,696, 9,834 Adult Mental Health & Well-Being Surveys were mailed to valid addresses. Of the 9,834 valid addresses, the DHHS Office of Continuous Quality Improvement Services received back 1,342 completed surveys for a response rate of 13.6%.

STATISTICAL SIGNIFICANCE

Significant difference determines how likely it would be that change between groups of responses is not by chance alone. An example of this would be exploring survey responses by gender to better understand if a difference between responses in males and females is significant. Therefore, a finding indicating that there is a significant difference means that there is statistical evidence to support a real difference between groups of respondents. Survey questions indicating statistical differences were highlighted with an asterisk (*). No notation was made for questions showing no statistical differences.

AMHI CLASS MEMBER

An AMHI class member is defined as a person who was a patient at the Augusta Mental Health Institute or Riverview Psychiatric Center on or after January 1, 1988 and includes both civil and forensic admissions. By looking at trends and recipient satisfaction, the Office of Adult Mental Health Services (OAMHS) and the Office of Continuous Quality Improvement Services (OCQIS) can better understand class members' experiences with their mental health supports and services. Data obtained from AMHI class members is available in the appendix.

DHHS Adult Mental Health & Well Being Survey

SURVEY AREAS

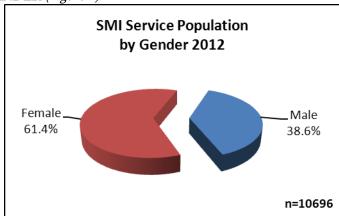
Individuals are asked to answer survey questions using a Likert Scale (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree). Response options Strongly Agree and Agree are combined to calculate percentages of satisfaction for individual questions. Survey questions are organized into seven domain areas:

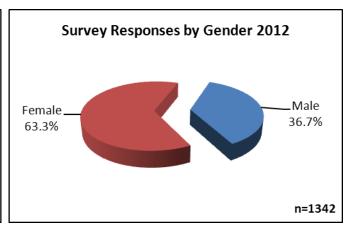
- 1) Perception of Access examines an individual's experience with the convenience and availability of services. Some questions for this area include:
 - The location of services is convenient (public transportation, distance, parking, etc.).
 - Staff are willing to see me as often as I feel it is necessary.
 - Services are available at times that are good for me.
- *Quality and Appropriateness* refers to individual experiences with the overall quality of services received and include the following questions:
 - Staff encourage me to take responsibility for how I live my life.
 - I feel free to complain.
 - I am given information about my rights.
- *3)* Participation in Treatment Planning examines the extent to which individuals are involved and participate in treatment planning decisions. Some questions for this area include:
 - I feel comfortable asking questions about my treatment and medication.
 - I, not staff, decide my treatment goals.
- *4) General Satisfaction* examines an individual's overall satisfaction with the services that have been received. Some questions in this area include:
 - I like the services I receive.
 - If I had other choices, I would still get services from my current service provider(s).
 - I would recommend my current service provider(s) to a friend or family member.
- 5) Social Connectedness examines the extent to which individuals have supportive social relationships and experience a sense of belonging in their community. Some questions for this area include:
 - Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.
 - Other than my current service provider(s), I have people with whom I can do enjoyable things.
 - Other than my current service provider(s), I feel I belong in my community.
- *Outcomes* examines the extent to which individuals feel that changes in their life are a result of the treatment and services they are receiving. Some questions for this area include:
 - As a direct result of my current services, I deal more effectively with daily problems.
 - As a direct result of my current services, I am better able to control my life.
 - As a direct result of my services, I do better in social situations.
- 7) Functioning this area examines individual experiences with services and how these services have improved or maintained functioning in respect to dealing with everyday situations, problems and crises. Some questions for this scale include:
 - As a direct result of my current services, my symptoms are not bothering me as much.
 - As a direct result of my current services, I am better able to take care of my needs.
 - As a direct result of my current services, I am better able to do things that I want to do.

DEMOGRAPHICS

Demographics: SMI Service Population Compared with Survey Responses

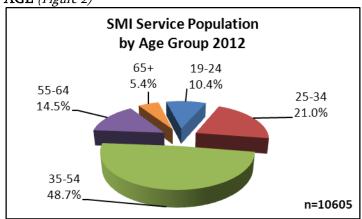
GENDER (Figure 1)

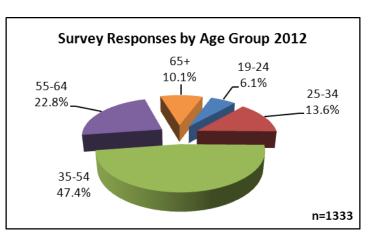




The 2012 distribution of respondents by gender correspond closely with the SMI service population.

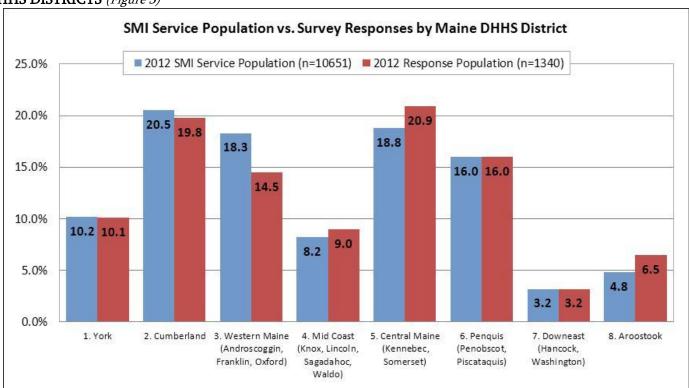
AGE (Figure 2)





- Less than three-quarters (70.3%) of survey respondents were between the ages of 35 and 64 years while 19.4% were 34 years or younger.
- Compared with the SMI service population, adults 55 years and older were over represented in the survey sample while younger adults 18 to 34 years were under represented.

DHHS DISTRICTS (Figure 3)

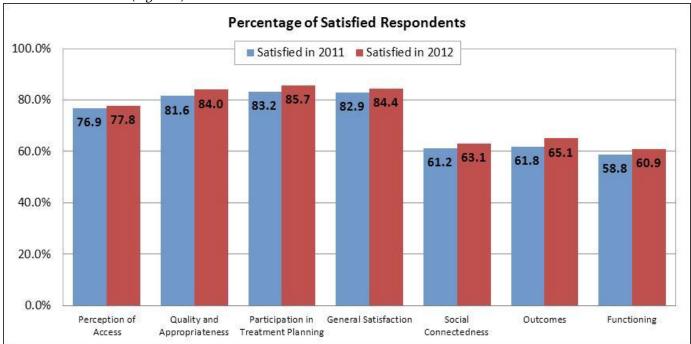


• The geographic distribution of survey respondents by district closely orresponds to the distribution of the actual SMI service population.

SATISFACTION BY DOMAIN AREAS

SATISFACTION BY DOMAIN AREAS

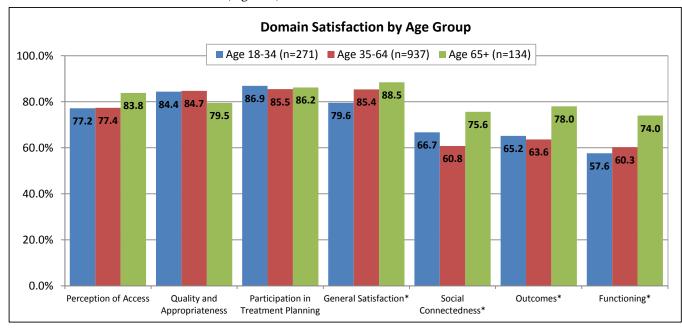
DOMAIN AVERAGES (Figure 4)



- Respondents reported the highest degree of satisfaction with their engagement and participation in the Treatment Planning (85.7%) process.
- Respondents were least satisfied with the degree of improvement they experienced in Social Connectedness (63.1%), Outcomes (65.1%), and ability to Function (60.9%).
- Reported satisfaction remained relatively stable between 2011 and 2012.
- Satisfaction was found to differ significantly by age and class member status. (See page 12 and 13 for a closer look)



DOMAIN SATISFACTION BY AGE (Figure 5)

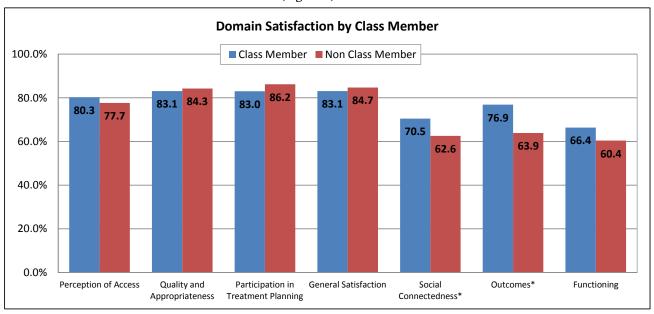


• Respondents age 65 and older were significantly more likely to report being satisfied with their experiences with General Satisfaction, Social Connectedness, Outcomes, and Functioning.

★ = Statistically significant (see page 5)



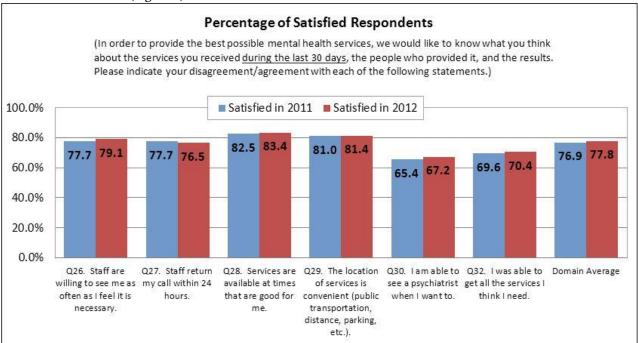
DOMAIN SATISFACTION BY CLASS MEMBER (Figure 6)



 AMHI class members were significantly more likely to report satisfaction in Social Connectedness and Outcomes.

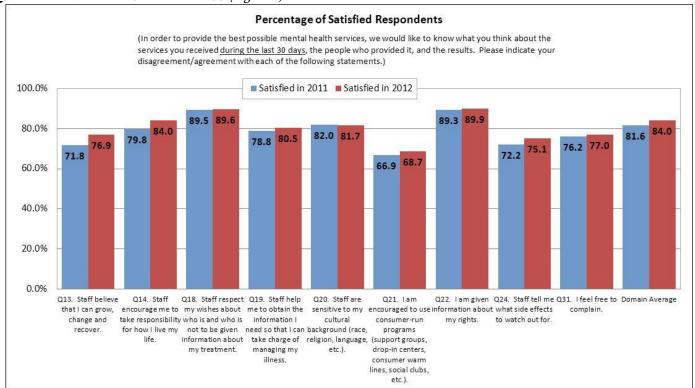
★ = Statistically significant (see page 5)

PERCEPTION OF ACCESS (Figure 7)



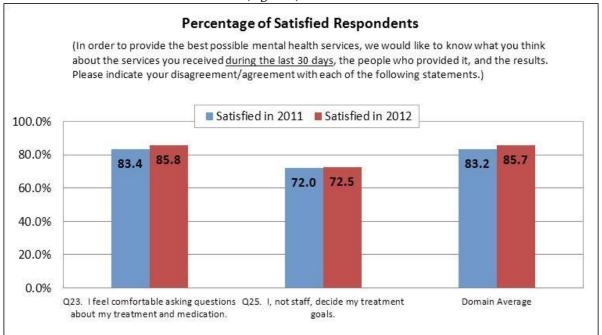
- The Perception of Access domain includes six questions and assesses convenience and availability of services.
- In 2012, more than three-quarters (77.8%) of respondents reported satisfaction with Access to their services.
- Respondents were most likely to report satisfaction (83.4%) with services that were available at times that were good for them (Q28) and that the location of services was convenient (81.4%) (Q29).
- Two-thirds (67.2%) of respondents reported satisfaction when asked if they were able to see a psychiatrist when they want to (Q30).
- Reported satisfaction with Access to Services remained stable between 2011 and 2012.

QUALITY AND APPROPRIATENESS (Figure 8)



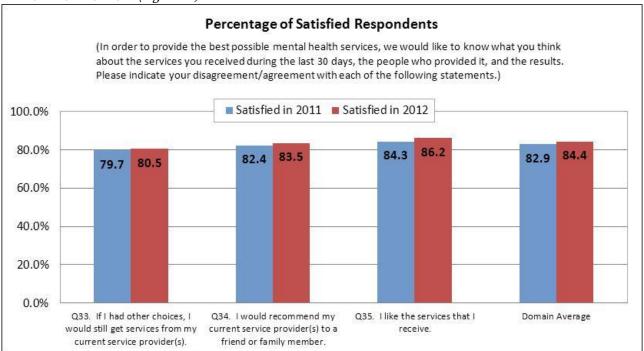
- The Quality and Appropriateness domain includes nine questions and assesses individual experiences with overall quality of services received.
- The majority (89.6%) of respondents reported that staff respected their wishes about who is and who is not given information about their treatment (Q18).
- Most respondents (89.9%) reported that they are given information about their rights (Q22).
- Slightly less than three-quarters (76.9%) of individuals reported that staff at their agency believe that the individual can grow, change and recover (Q13).
- Participant responses to the Quality and Appropriateness domain remained stable between 2011 and 2012.

PARTICIPATION IN TREATMENT PLANNING (Figure 9)



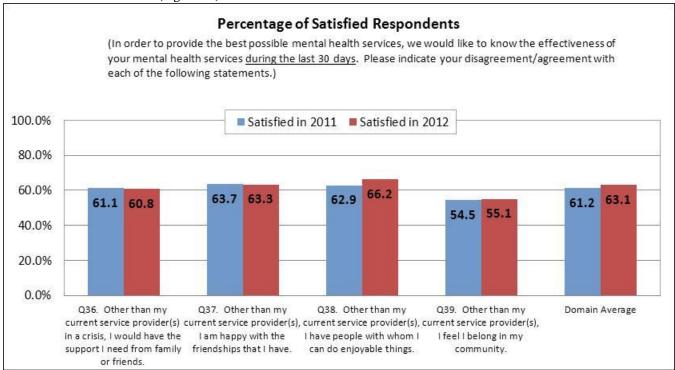
- The Participation in Treatment Planning domain contains two questions and assesses the extent to which individuals are involved and participate in treatment planning decisions.
- More than 80% of respondents reported being satisfied with their level of Participation in Treatment Planning.
- Slightly more than 85% of individuals reported that they were comfortable asking questions about their treatment and medication (Q23).
- More than two-thirds (72.5%) of respondents reported that they, not staff, decide their treatment goals (Q25).
- Reported satisfaction with Participation in Treatment Planning remained stable between 2011 and 2012.

GENERAL SATISFACTION (Figure 10)



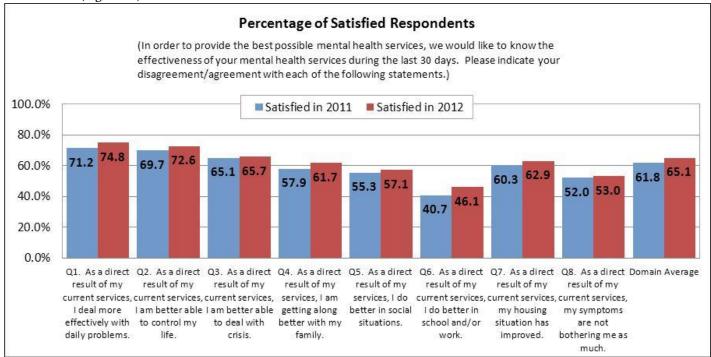
- The General Satisfaction domain includes three questions and assesses an individual's satisfaction with the services that they have received.
- Slightly more than 80% of individuals reported that if given other choices, they would still get services from their current service provider (Q33).
- More than 80% of individuals reported they would recommend their service provider to a friend or family member (Q34).
- More than 80% of respondents reported that they like the services they receive (Q35).
- Respondent experiences with overall satisfaction remained stable between 2011 and 2012.

SOCIAL CONNECTEDNESS (Figure 11)



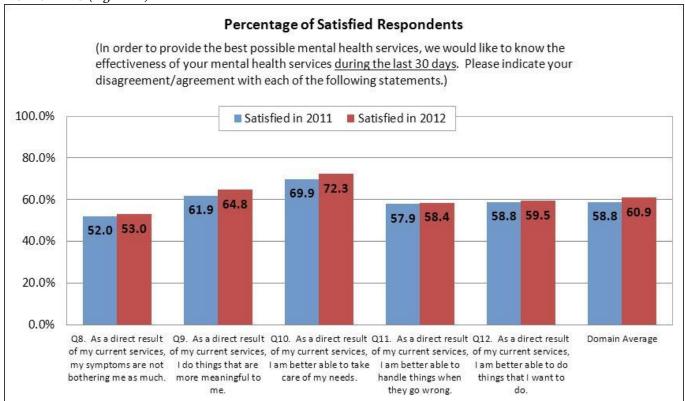
- The Social Connectedness domain includes four questions and examines the extent to which individuals have supportive social relationships and experience a sense of belonging in the community.
- Slightly more than two-thirds (66.2%) of individuals reported that they have people with whom they can do enjoyable things (Q38).
- More than one-half (55.1%) of individuals reported that they feel they belong in the community (Q39).
- Reported satisfaction with Social Connectedness remained consistent between 2011 and 2012.

OUTCOMES (Figure 12)



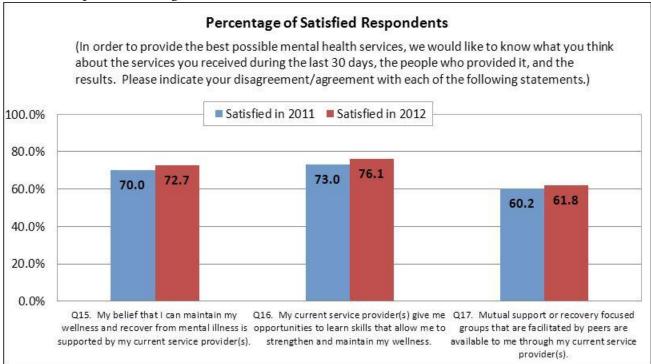
- The Perception of Outcomes domain includes eight questions and assesses the extent to which individuals feel that changes in their life are a result of the treatment and services they are receiving.
- More than 60% of respondents reported that as a direct result of their mental health services, their housing situation has improved (Q7).
- Slightly less than three-quarters (74.8%) of respondents reported that as a direct result of their mental health services, they deal more effectively with daily problems (Q1).
- More than one-half (53.0%) of individuals reported that as a direct result of their mental health services, their symptoms are not bothering them as much (Q8).
- Less than one-half (46.1%) of respondents reported that as a direct result of their services, they do better in school and/or work (Q6).
 - It is important to note that the number of respondents for this question was 307, less than one-half of
 the survey response population because the question was not applicable to many of the respondents
 who were not in school and/or work.

FUNCTIONING (Figure 13)

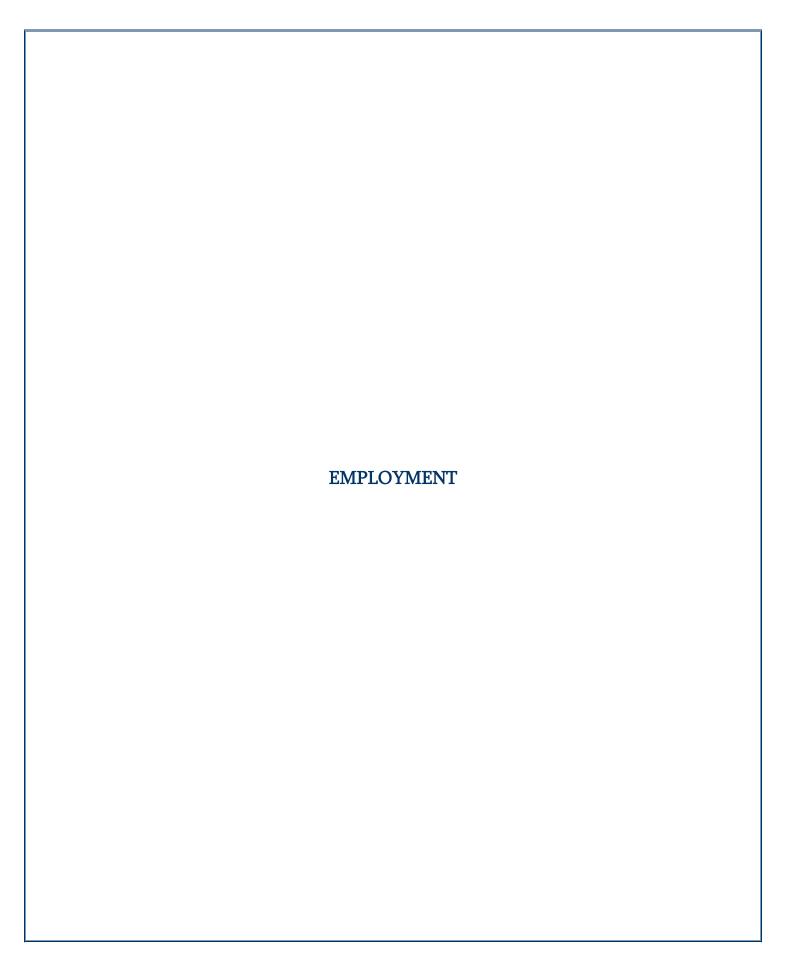


- The Functioning domain includes five questions and assesses individual experiences with services and how these services have improved or maintained functioning in respect to dealing with everyday situations, problems, and crises.
- Over one-half (60.9%) of individuals reported improved functioning due to their mental health services.
- Less than three-quarters (72.3%) of respondents reported that as a result of their mental health services, they were better able to take care of their needs (Q10).
- Over one-half (59.5%) of individuals reported that as a result of their mental health services, they are able to do things that are more meaningful to them (Q12).

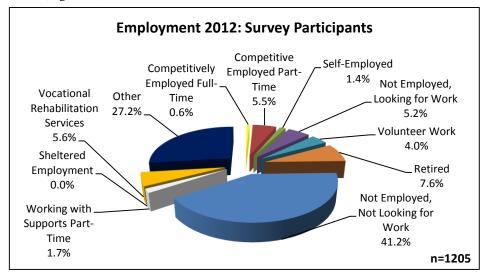
MAINE ADDED QUESTIONS (Figure 14)



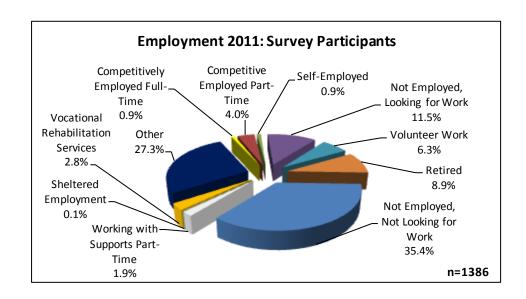
- The DHHS Office of Substance Abuse and Mental Health Services collaborated with the Office of Continuous Quality Improvement Services to add three additional questions to better understand recovery oriented mental health experiences by service recipients.
- More than three-quarters (76.1%) of respondents felt their current service provider gave them opportunities to learn skills that allowed them to strengthen and maintain their wellness (Q16).
- More than 60% of respondents reported that mutual support or recovery focused groups that were facilitated by peers were available to them through their service provider (Q17).
- Responses on recovery-oriented mental health experiences remained stable between 2011 and 2012.

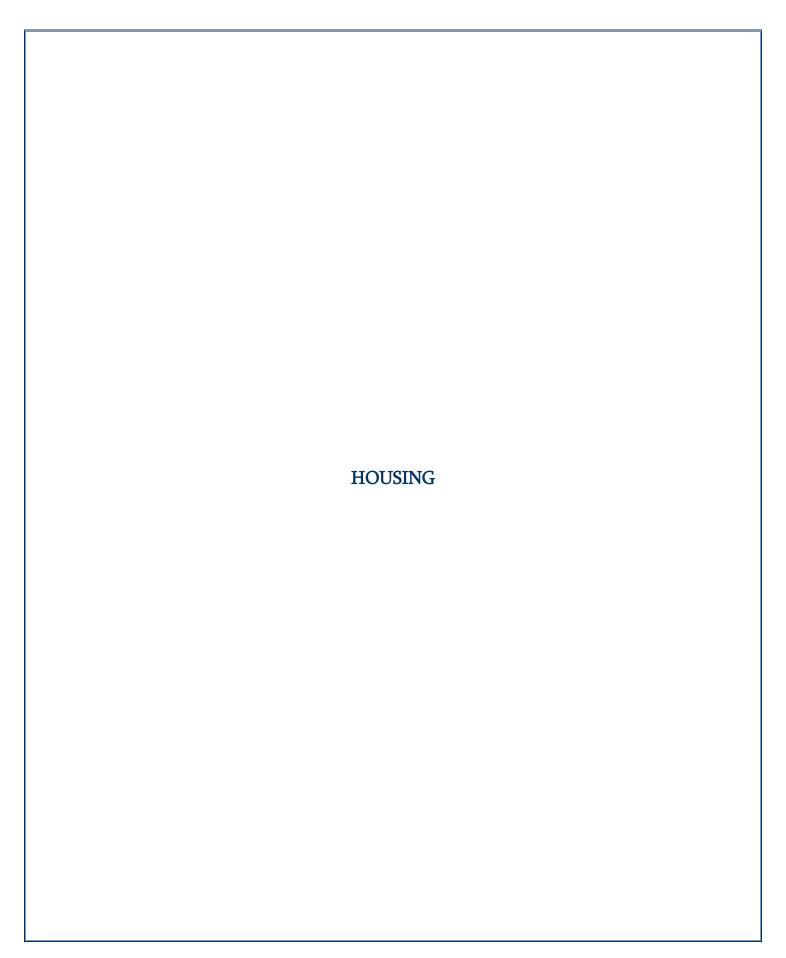


EMPLOYMENT STATUS (Figure 15)

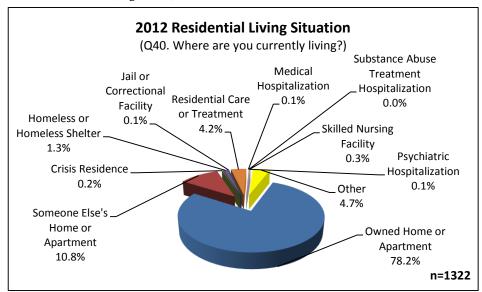


- In 2012, less than 10% (9.2%) of individuals responding to the survey indicated that they were employed competitively, working with supports, or self-employed. This is 1.5% more than 2011 where 7.7% reported being employed in 2011.
- In 2012, only 5.2% reported being unemployed and looking for work. This is 6.3% less than 2011 where 11.5% of respondents indicated that they were unemployed and looking for work.
- More than one-third (41.2%) of respondents indicated that they were not employed and not looking for work compared to 35.4% in 2011.

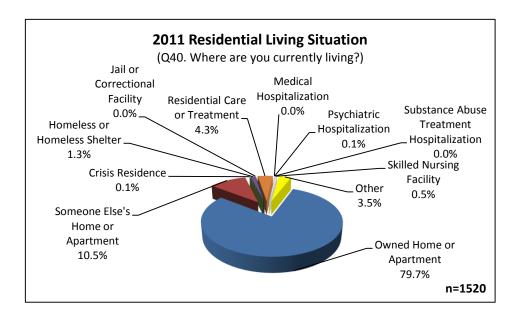




RESIDENTIAL LIVING SITUATION (Figure 16)

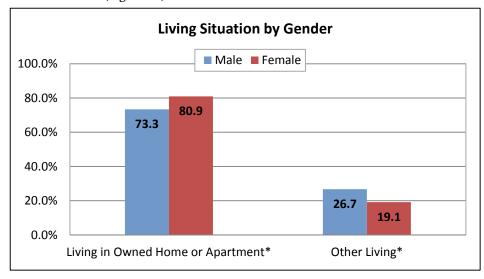


• The majority (78.2%) of individuals responding to the survey in 2012 indicated that they were living in an owned home or apartment at the time of the survey. This is consistent with 2011 when 79.7% reported living in an owned home or apartment at the time of the survey.





LIVING SITUATION BY GENDER (Figure 17)

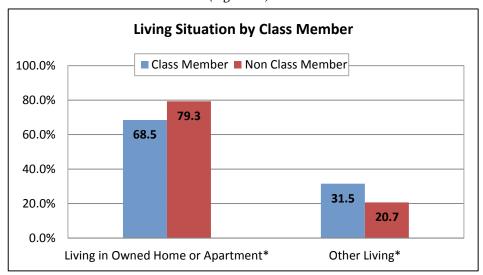


- Self-reported living situation differed reliably by gender.
- Females were significantly more likely than males to report that they were living in an owned home or apartment at the time of the survey.

★ = Statistically significant (see page 5)



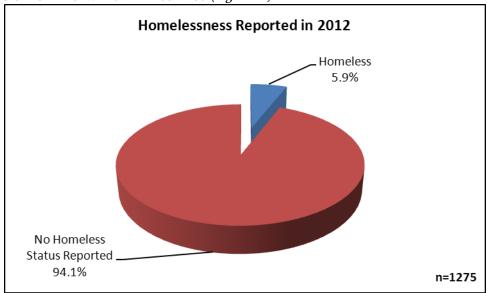
LIVING SITUATION BY CLASS MEMBER STATUS (Figure 18)



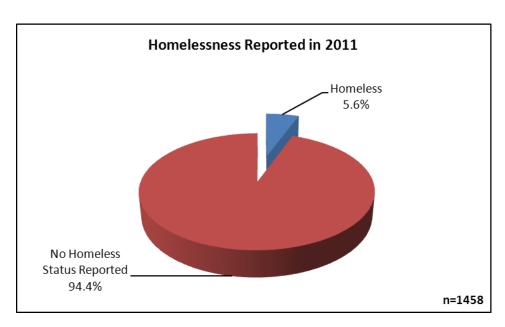
- Class member respondents differed significantly from non class members in the types of living situations reported.
- Non class members were significantly more likely to report that they were living in an owned home or apartment at the time of the survey.

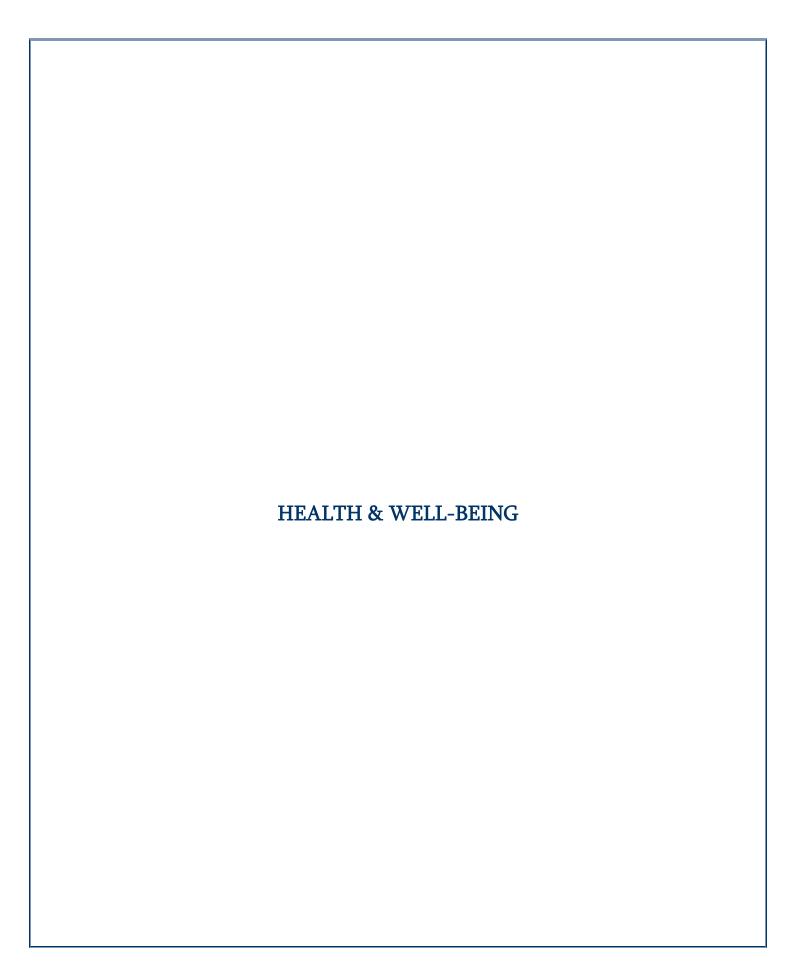
★ = Statistically significant *(see page 5)*

MULTIPLE LIVING SITUATION: HOMELESSNESS (Figure 19)



• When reporting living situations, 5.9% (n=80) of individuals responding to the 2012 survey indicated that they had been homeless or living in a homeless shelter in the last twelve months similar to 5.6% (n=87) reported in 2011.





HEALTH & WELL-BEING

In 2007, Maine was the first state to introduce Health and Well-Being items to the Mental Health & Well-Being Surveys. These items were adapted from the Behavioral Risk Factor Surveillance System (BRFSS), which is a survey used by all 50 states and has been coordinated by the Centers for Disease Control and Prevention (CDC) since 1987. The BRFSS is a telephone survey aimed at state residents that collects information on health issues, such as asthma, diabetes, and health care access. Maine has been using the BRFSS since 1987 to collect information from over 6,500 residents each year from the general population in Maine. Federal, state and local health officials, and researchers use information obtained from the BRFSS to track health risks, identify emerging problems, prevent disease and improve treatment.

The inclusion of the BRFSS questions in the Mental Health & Well-Being Survey allows DHHS to compare the health status of individuals receiving mental health services to the health status of the general population in Maine. It also allows an assessment of the history of heart disease, diabetes and other health risk factors in survey respondents as well as the impact an individual's health may have on the delivery of his/her mental health services.

Questions asked in the 2012 Mental Health & Well-Being Survey are:

- Height and Weight (translated into Body Mass Index)
- Have you ever been told by a doctor or health professional that you have (angina or coronary heart disease, heart attack or myocardial infarction, stroke, high blood cholesterol, high blood pressure or hypertension, diabetes, asthma, arthritis, epilepsy or seizure disorder, injury to head or brain, liver condition)? See *Tables Not Included in Report Appendix for asthma, arthritis, epilepsy or seizure disorder, injury to head or brain, and liver condition (e.g., Hepatitis, Cirrhosis, decreased liver function)*
- Do you smoke cigarettes (everyday, some days, not at all)?
- During the past month, did you participate in any physical activities or exercises such as running, aerobics, basketball or other sports, gardening or walking for exercise? See *Tables Not Included in Report Appendix*
- Vigorous physical activities are those that cause large increases in breathing, heart rate or sweating. How many
 days per week do you do these vigorous activities for at least 10 minutes at a time? See *Tables Not Included in Report Appendix*
- On the days when you drink alcohol, about how many drinks do you drink on average? See *Tables Not Included in Report Appendix*
- How would you describe the condition of your teeth (excellent, very good, good, fair, poor)? See *Tables Not Included in Report Appendix*
- How long has it been since you had your teeth cleaned by a dentist or dental hygienist? See *Tables Not Included in Report Appendix*
- Would you say that your general health is (excellent, very good, good, fair, poor)?
- Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?
- Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?
- During the past 30 days, about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?

Percent of Respondents Responding Positively to a Health Risk

HEALTH RISK (Figure 20)

HEALTH RISK (Age 18-64 Years)	Age Group	2010 DIG Survey Percent (n=1256)	2008 Maine <i>BRFSS</i> Percent	2011 DIG Survey Percent (n=1394)	2009 Maine <i>BRFSS</i> Percent	2012 DIG Survey Percent (n=1208)
Do you smoke cigarettes? <u>Smoking</u>	18-44	50.7	23.7	47.7	22.3	46.9
	45-64	44.2	17.1	42.8	17.1	44.5
Height and Weight. <u>Obesity</u>	18-44	49.5	23.7	60.7	24.2	51.7
	45-64	54.9	31.0	55.0	31.8	55.8
Have you ever been told by your doctor or health professional that you have? Blood cholesterol is high. High Cholesterol*	18-44 45-64	23.1 46.4	Not Collected in 2008	24.9 45.6	20.4 45.6	23.8 46.6
Have you ever been told by your doctor or health professional that you have? Blood pressure is high. High Blood Pressure*	18-44	21.5	16.3	27.5	13.4	20.0
	45-64	41.7	38.2	42.4	34.1	41.8

- One-half (51.7%) of individuals aged 18 to 44 years reported being obese in the 2012 Mental Health & Well-Being Survey, 9% decrease when nearly two-thirds (60.7%) of respondents in the 2011 Mental Health & Well-Being Survey reported being obese. One-half (49.5%) of respondents in the 2010 Mental Health & Well-Being Survey compared to slightly less than one-quarter (24.2%) of Maine adult BRFSS respondents in 2009.
- Nearly one-half of individuals aged 18 to 44 years both in the 2010, 2011, and 2012 Mental Health & Well-Being Survey (50.7%, 47.7% and 51.7% respectively) reported being smokers compared to 23.7% of Maine adult BRFSS respondents in 2009.

Percent of Individuals with a Chronic Health Condition

CHRONIC HEALTH CONDITIONS (Figure 21)

CHRONIC HEALTH CONDITIONS* (Age 18-64 Years)	Age Group	2010 DIG Survey Percent (n=1256)	2008 Maine <i>BRFSS</i> Percent	2011 DIG Survey Percent (n=1394)	2009 Maine <i>BRFSS</i> Percent	2012 DIG Survey Percent (n=1208)
Have you ever been told by your doctor or health professional that you have? Angina or coronary heart disease. Heart attack or myocardial infarction. Diabetes. Chronic Disease*	18-44	16.8	3.7	18.0	3.3	16.2
	45-64	37.2	13.7	37.1	15.4	37.5
Have you ever been told by your doctor or health professional that you have? Angina or coronary heart disease. Heart attack or myocardial infarction. Cardiovascular Disease**	18-44	2.4	1.1	4.2	1.3	2.1
	45-64	13.1	6.7	11.8	6.5	13.9
Have you ever been told by your doctor or health professional that you have? <u>Diabetes</u>	18-44	14.4	2.6	14.7	2.1	14.8
	45-64	30.9	9.4	32.0	11.0	30.8
* Chronic Disease = reported CVD or Diabetes						

- Respondents of the 2011 Mental Health & Well-Being Survey between the ages of 45 and 64 were almost twice
 as likely to have Cardiovascular Disease compared to the Maine adult respondents to the 2009 BRFSS.
- Adults between the ages of 45 and 64 in the 2012 Mental Health & Well-Being Survey were almost three times
 more likely to report being told by their health professional that they have Diabetes compared to Maine adult
 respondents to the 2009 BRFSS.

METABOLIC RISK (Figure 22)

METABOLIC RISK* (Age 18-64 Years)	Age Group	2010 DIG Survey Percent (n=1256)	2007 Maine <i>BRFSS</i> Percent	2011 DIG Survey Percent (n=1394)	2009 Maine <i>BRFSS</i> Percent	2012 DIG Survey Percent (n=1208)	
0 Risks	18-44	44.6	61.6	35.5	64.2	41.1	
	45-64	25.2	45.3	28.2	44.6	24.8	
2 or More Risks	18-44	23.5	10.3	28.7	10.4	24.5	
	45-64	45.6	23.5	44.7	24.3	44.7	
* Metabolic Risk = reported obesity, high blood pressure, or high cholesterol and no diabetes							

- Almost one-quarter (24.5%) of 2012 Mental Health & Well-Being Survey respondents between the ages of 18 and 44 reported having two or more health risks compared to 28.7% of 2011 Mental Health & Well-Being Survey respondents and 10.4% of BRFSS respondents in 2009.
- Adults between the ages of 45 and 64 in the 2012 Mental Health & Well-Being Survey were nearly twice as likely to report two or more metabolic risks compared to BRFSS respondents in 2009.
- More than one-third (41.1%) of 2012 Mental Health & Well-Being Survey respondents between the ages of 18 and 44 reported no metabolic risks compared to 35.5% in 2011 and 64.2% of BRFSS respondents in 2009.

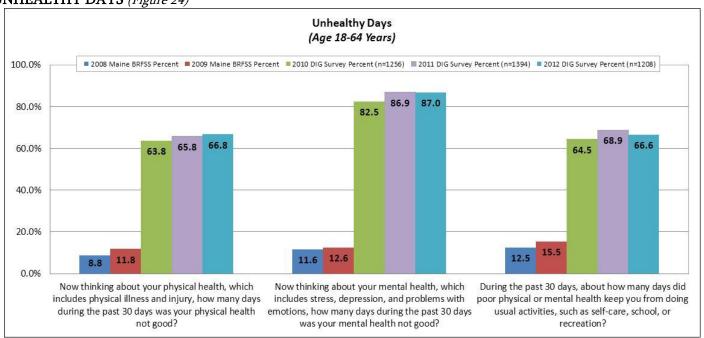
CARDIOVASCULAR RISK (Figure 23)

CARDIOVASCULAR RISK* (Age 18-64 Years)	Age Group	2010 DIG Survey Percent (n=1256)	2007 Maine <i>BRFSS</i> Percent	2011 DIG Survey Percent (n=1394)	2009 Maine <i>BRFSS</i> Percent	2012 DIG Survey Percent (n=1208)	
0 Risks	18-44	22.9	42.5	17.6	47.4	20.2	
	45-64	12.5	29.3	13.4	27.8	12.8	
3 or More Risks	18-44	21.9	5.0	23.4	4.6	20.9	
	45-64	44.7	19.3	40.2	19.7	42.1	
* Cardiovascular Risk = reported CVD, high blood pressure, high cholesterol, diabetes, smoking or obesity							

- Adults between the ages of 18 and 44 in the 2012 Mental Health & Well-Being Survey were almost five times more likely to report 3 or more cardiovascular risks compared to 4.6% of BRFSS respondents in 2009.
- Adults between the ages of 45 and 64 in the 2012 Mental Health & Well-Being Survey were twice as likely to report having 3 or more cardiovascular risks compared to BRFSS respondents in 2009.

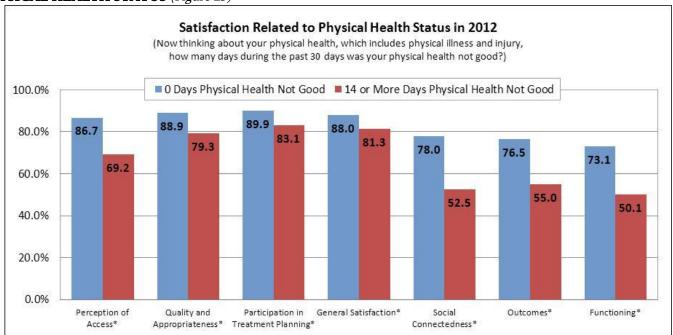
Percent of Individuals Reporting 14 or More Unhealthy Days

UNHEALTHY DAYS (Figure 24)



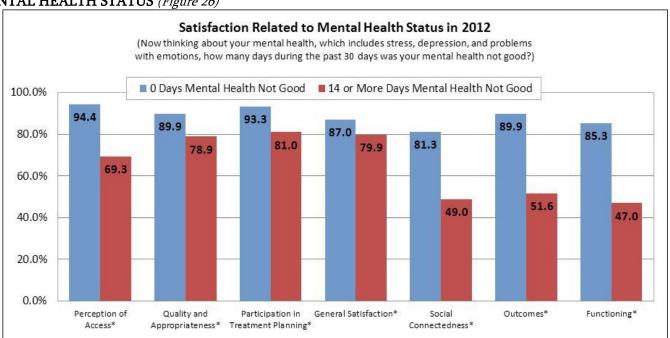
• Respondents of the 2012 Mental Health & Well-Being Survey were five times more likely to report experiencing 14 or more physically unhealthy days during the past 30 days compared to BRFSS respondents in 2009.

PHYSICAL HEALTH STATUS (Figure 25)



• Individual survey respondents who reported 14 or more poor physical health days were significantly less likely to report satisfaction in all domains compared to individuals reporting 0 poor physical health days. Differences in satisfaction were most evident in the areas of Social Connectedness, Outcomes, and Functioning.

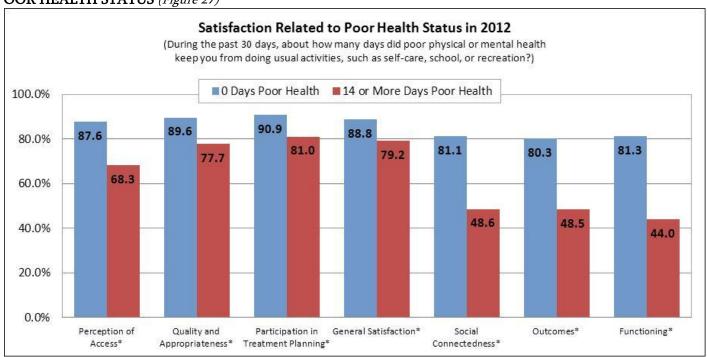
MENTAL HEALTH STATUS (Figure 26)



• Individuals who reported 14 or more poor mental health days were significantly less likely to report satisfaction in all domains compared to those reporting 0 poor mental health days. Differences in satisfaction were most evident in the areas of Social Connectedness, Outcomes, and Functioning.

★ = Statistically significant (see page 5)

POOR HEALTH STATUS (Figure 27)



• Individuals who reported 14 or more poor physical or mental health days were significantly less likely to report satisfaction in all domains compared to those reporting 0 poor physical or mental health days. Differences in satisfaction were most evident in the areas of Social Connectedness, Outcomes, and Functioning.

SUMMARY OF HEALTH & WELL-BEING

In the past several years, there has been an increase on the availability of information discussing the need for better integration of mental health and physical health services. The Adult Mental Health & Well-Being Survey provides an opportunity to better understand how physical health impacts mental health experiences and satisfaction for individuals receiving publicly funded mental health services in Maine.

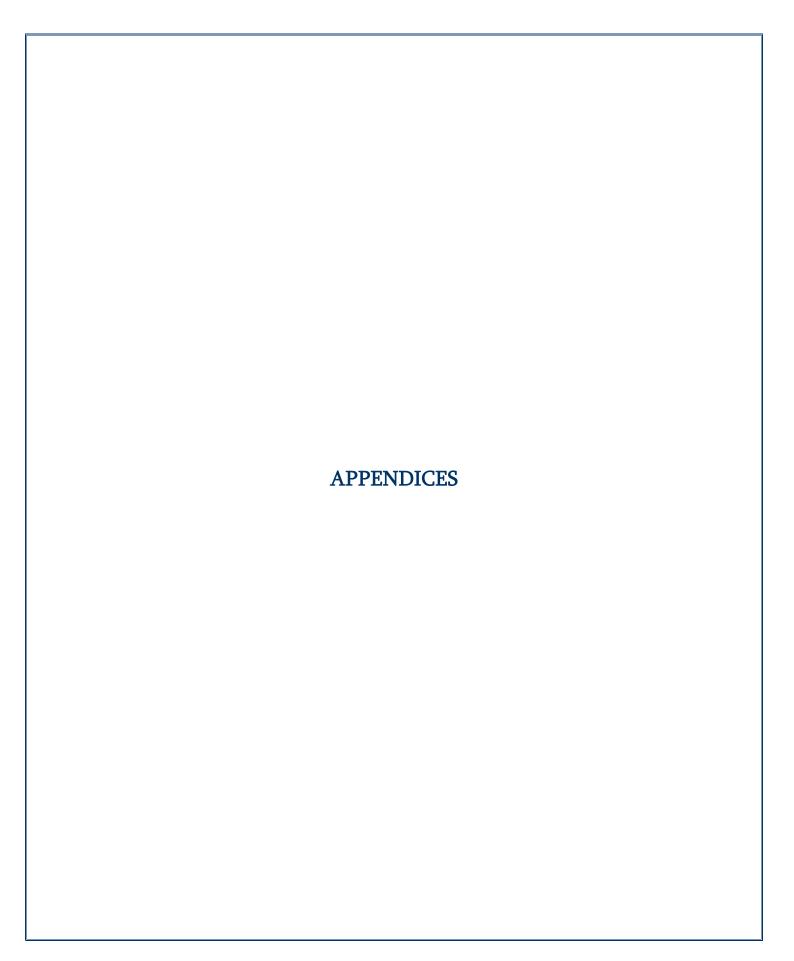
Information collected via the Adult Mental Health & Well-Being Survey has been consistent over the past few years. When compared to the BRFSS survey results, it provides an overview of differences on health risks and chronic conditions for those individuals experiencing a serious mental illness versus adults in the general population in Maine.

- Respondents of the Adult Mental Health & Well-Being Survey were more likely to report higher percentages in all areas of health risk than that of the general population in Maine.
- Respondents of the Adult Mental Health & Well-Being Survey reported higher percentages in all areas of chronic health conditions than that of the general population in Maine.
- Respondents of the Adult Mental Health & Well-Being Survey reported greater metabolic and cardiovascular risks.
- Respondents of the Adult Mental Health & Well-Being Survey have more days of disability when they are unable to participate in regular activities compared to the general population in Maine.

In addition to the contrasts of health risks and chronic conditions between the respondents of the Adult Mental Health & Well-Being Survey versus the BRFSS, significant relationships have been consistently reported when comparing unhealthy days and satisfaction with mental health experiences.

- Individuals receiving a mental health services and reporting 14 or more poor physical health days were less likely to report satisfaction in all the survey domain areas when compared to individuals reporting 0 poor physical health days.
- Individuals receiving a mental health services and reporting 14 or more poor mental health days were less likely to report satisfaction in all the survey domain areas when compared to individuals reporting 0 poor mental health days.
- Individuals receiving a mental health services and reporting 14 or more poor physical or mental health days were less likely to report satisfaction in all the survey domain areas when compared to individuals reporting 0 poor physical or mental health days.

Results of this integrated analysis of health and consumer satisfaction serve as a mechanism to continue the dialogue relating to the inclusion of health issues in existing mental health services and evaluation activities. Continued and regular surveillance of health risk (e.g., smoking, obesity, metabolic risk, diabetes, etc.) can provide information on the effectiveness of new programming that addresses health in mental health systems of care.



Gender: Figure 1

		2012							
GENDER: FIGURE 1	Response Population	Class Member	Non Class Member	Class Status Unknown	Actual Population				
Male	493	85	408	0	4130				
Female	849	63	786	0	6566				
Subtotal	1342	148	1194	0	10696				
Missing	13	0	0	13	0				
TOTAL	1355	148	1194	13	10696				

Age: Figure 2

			2012		
AGE: FIGURE 2	Response Population	Class Member	Non Class Member	Class Status Unknown	Actual Population
19-24	81	2	79	0	1106
25-34	181	12	169	0	2236
35-54	632	77	555	0	5161
55-64	305	40	265	0	1534
65+	134	17	117	0	568
Subtotal	1333	148	1185	0	10605
Missing	22	0	9	13	91
TOTAL	1355	148	1194	13	10696

DHHS District: Figure 3

HHS District:	rigure 3						
				20	012		
DISTRICT	COUNTY	COUNTY TOTAL	Response Population	Class Member	Non Class Member	Class Status Unknown	Actual Population
1	York	136	136	19	117	0	1090
2	Cumberland	265	265	38	227	0	2186
	Androscoggin	101					
3	Franklin	34	194	20	174	0	1949
	Oxford	59					
	Knox	42					
4	Lincoln	21	120	9	111	0	869
4	Sagadahoc	30				U	809
	Waldo	27					
5	Kennebec	199	280	50	230	0	2005
5	Somerset	81	260	50	230	U	2005
6	Penobscot	189	214	8	206	0	1705
0	Piscataquis	25	214	0	206	U	1705
7	Hancock	30	44	4	40	0	335
,	Washington	14	44	4	40	U	333
8	Aroostook	87	87	0	87	0	512
IIIIIII	Subtotal	1340	1340	148	1192	0	10651
	Missing	15	15	0	2	13	45
MMM	TOTAL	1355	1355	148	1194	13	10696

Domain Averages: Figure 4

				2012		
Domain Averages	Satisfaction Response	Response Population	Class Member	Non Class Member	Class Status Unknown	TOTAL COUNT
Dorsontian of Assess	Satisfied	1037	118	912	7	1333
Perception of Access	Not Satisfied	296	29	261	6	1333
Quality and Appropriateness	Satisfied	1133	123	1002	8	1349
Quality and Appropriateriess	Not Satisfied	216	25	187	4	1349
Participation in Treatment	Satisfied	1136	122	1005	9	1325
Planning	Not Satisfied	189	25	161	3	1323
General Satisfaction	Satisfied	1134	123	1002	9	1344
General Satisfaction	Not Satisfied	210	25	181	4	1544
Social Connectedness	Satisfied	841	103	735	3	1332
Social Connecteuriess	Not Satisfied	491	43	440	8	1332
Outcomes	Satisfied	879	113	761	5	1350
Outcomes	Not Satisfied	471	34	430	7	1990
Functioning	Satisfied	821	97	719	5	1240
Functioning	Not Satisfied	528	49	471	8	1349

Domain Satisfaction by Age: Figure 5

	Satisfaction		20:	12	
DOMAIN AVERAGES	Response	Age Group 18-34	Age Group 35-64	Age Group 65+	TOTAL COUNT
Dercentian of Assess	Satisfied	207	714	109	1220
Perception of Access	Not Satisfied	61	208	21	1320
Quality and Appropriatoress	Satisfied	228	792	105	1227
Quality and Appropriateness	Not Satisfied	42	143	27	1337
Dorticination in Treatment Dianning	Satisfied	233	782	112	1212
Participation in Treatment Planning	Not Satisfied	35	133	18	1313
General Satisfaction*	Satisfied	215	795	115	1331
General Satisfaction	Not Satisfied	55	136	15	1551
Social Connectedness*	Satisfied	180	559	99	1321
Social Connectedness	Not Satisfied	90	361	32	1521
Outcomes*	Satisfied	176	595	103	1338
Outcomes ·	Not Satisfied	94	341	29	1558
Functioning*	Satisfied	155	564	97	1336
Functioning	Not Satisfied	114	372	34	1330

Domain Satisfaction by Class Member: Figure 6

·	TOTAL COUNT		Catiofaction	tisfaction 2012			
DOMAIN AVERAGES	TOTAL COUNT SATISFIED		Satisfaction Response	Class Member	Non Class Member	OVERALL COUNT	
Perception of Access	Class Member	147	Satisfied	118	912	1320	
Perception of Access	Non Class Member	1173	Not Satisfied	29	261	1320	
Quality and Appropriateness	Class Member 148		Satisfied	123	1002	1337	
Quality and Appropriateriess	Non Class Member	1189	Not Satisfied	25	187	1337	
Participation in Treatment	Class Member	Class Member 147		122	1005	1212	
Planning	Non Class Member	1166	Not Satisfied	25	161	1313	
General Satisfaction	Class Member	148	Satisfied	123	1002	1331	
General Satisfaction	Non Class Member	1183	Not Satisfied	25	181	1331	
Social Connectedness*	Class Member	146	Satisfied	103	735	1321	
Social Connectedness	Non Class Member	1175	Not Satisfied	43	440	1521	
Outcomes*	Class Member	147	Satisfied	113	761	1338	
Non Class Member		1191	Not Satisfied	34	430	1330	
Functioning*	Class Member	146	Satisfied	97	719	1226	
Functioning*	Non Class Member	1190	Not Satisfied	49	471	1336	

Perception of Access: Figure 7

	2012						
PERCEPTION OF ACCESS QUESTIONS	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied	Class Status Unknown Satisfied		
Q26. Staff are willing to see me as often as I feel it is necessary.	1291	1020	111	904	5		
Q27. Staff return my call within 24 hours.	1266	969	104	857	8		
Q28. Services are available at times that are good for me.	1303	1087	118	962	7		
Q29. The location of Services is convenient (public transportation, distance, parking, etc.).	1283	1044	119	919	6		
Q30. I am able to see a psychiatrist when I want to.	1209	812	104	705	3		
Q32. I was able to get all the services I think I need.	1312	924	108	811	5		

Quality and Appropriateness: Figure 8

	2012						
QUALITY AND APPROPRIATENESS QUESTIONS	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied	Class Status Unknown Satisfied		
Q13. Staff believe that I can grow, change and recover.	1271	977	106	864	7		
Q14. Staff encourage me to take responsibility for how I live my life.	1270	1067	114	947	6		
Q18. Staff respect my wishes about who is and who is not to be given information about my treatment	1293	1158	121	1028	9		
Q19. Staff help me to obtain the information I need so that I can take charge of managing my illness.	1282	1032	108	917	7		
Q20. Staff are sensitive to my cultural background (race, religion, language, etc.).	1180	964	101	856	7		
Q21. I am encouraged to use consumer-run programs (support groups, drop-in centers, consumer warm lines, social clubs, etc.).	1205	828	96	726	6		
Q22. I am given information about my rights.	1309	1177	127	1041	9		
Q24. Staff tell me what side effects to watch out for.	1234	927	96	827	4		
Q31. I feel free to complain.	1209	1001	111	884	6		

Participation in Treatment Planning: Figure 9

	2012						
PARTICIPATION IN TREATMENT PLANNING QUESTIONS	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied	Class Status Unknown Satisfied		
Q23. I feel comfortable asking questions about my treatment and medication.	1304	1119	123	988	8		
Q25. I, not staff, decide my treatment goals.	1272	923	97	819	7		

General Satisfaction: Figure 10

	2012							
GENERAL SATISFACTION QUESTIONS	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied	Class Status Unknown Satisfied			
Q33. If I had other choices, I would still get services from my current service provider(s).	1312	1056	115	933	8			
Q34. I would recommend my current service provider(s) to a friend or family member.	1319	1102	116	978	8			
Q35. I like the services that I receive.	1323	1140	126	1006	8			

Social Connectedness: Figure 11

			2012		
SOCIAL CONNECTEDNESS QUESTIONS	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied	Class Status Unknown Satisfied
Q36. Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.	1294	786	89	694	3
Q37. Other than my current service provider(s), I am happy with the friendships that I have.	1286	813	94	716	3
Q38. Other than my current service provider(s), I have people with whom I can do enjoyable things.	1299	860	98	758	4
Q39. Other than my current service provider(s), I feel I belong in my community.	1310	722	93	625	4

Outcomes: Figure 12

Succomes. Figure 12	2012						
OUTCOMES QUESTIONS	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied	Class Status Unknown Satisfied		
Q1. As a direct result of my current services, I deal more effectively with daily problems.	1326	992	116	869	7		
Q2. As a direct result of my current services, I am better able to control my life.	1325	961	109	845	7		
Q3. As a direct result of my current services, I am better able to deal with crisis.	1316	864	112	745	7		
Q4. As a direct result of my services, I am getting along better with my family.	1236	763	88	671	4		
Q5. As a direct result of my services, I do better in social situations.	1317	752	83	664	5		
Q6. As a direct result of my current services, I do better in school and/or work.	666	307	33	272	2		
Q7. As a direct result of my current services, my housing situation has improved.	1180	742	96	642	4		
Q8. As a direct result of my current services, my symptoms are not bothering me as much.	1315	697	92	603	2		

Functioning: Figure 13

Careta Indiana			2012				
FUNCTIONING QUESTIONS	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied	Class Status Unknown Satisfied		
Q8. As a direct result of my current services, my symptoms are not bothering me as much.	1315	697	92	603	2		
Q9. As a direct result of my current services, I do things that are more meaningful to me.	1328	860	91	765	4		
Q10. As a direct result of my current services, I am better able to take care of my needs.	1328	960	110	843	7		
Q11. As a direct result of my current services, I am better able to handle things when they go wrong.	1323	773	89	678	6		
Q12. As a direct result of my current services, I am better able to do things that I want to do.	1318	784	93	688	3		

Maine Added Questions: Figure 14

	2012						
CONSUMER SATISFACTION QUESTIONS	TOTAL COUNT	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied	Class Status Unknown Satisfied		
Q15. My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).	1307	950	101	843	6		
Q16. My current service provider(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	1292	984	103	873	8		
Q17. Mutual support or recovery focused groups that are facilitated by peers are available to me through my current service provider(s).	1134	701	86	611	4		

Employment Status: Figure 15

	2012				
EMPLOYMENT STATUS (Q43. Are you currently employed?)	Response Population	Class Member	Non Class Member	Class Status Unknown	
Competitively Employed Full-Time	7	0	7	0	
Competitively Employed Part-Time	66	6	60	0	
Self-Employed	17	3	14	0	
Not Employed, Looking for Work	63	4	58	1	
Volunteer Work	48	6	41	1	
Retired	92	14	78	0	
Not Employed, Not Looking for Work	497	65	429	3	
Working with Supports Part-Time	20	3	17	0	
Sheltered Employment	0	0	0	0	
Vocational Rehabilitation Services	67	6	60	1	
Other	328	23	300	5	
Subtotal	1205	130	1064	11	
Missing	150	18	130	2	
TOTAL	1355	148	1194	13	

		201	.1	
EMPLOYMENT STATUS (Q43. Are you currently employed?)	Response Population	Class Member	Non Class Member	Class Status Unknown
Competitively Employed Full-Time	13	2	11	0
Competitively Employed Part-Time	56	9	45	2
Self-Employed	12	1	11	0
Not Employed, Looking for Work	159	24	129	6
Volunteer Work	87	15	72	0
Retired	124	12	112	0
Not Employed, Not Looking for Work	490	71	412	7
Working with Supports Part-Time	26	0	26	0
Sheltered Employment	1	0	1	0
Vocational Rehabilitation Services	39	3	36	0
Other	379	25	348	6
Subtotal	1386	162	1203	21
Missing	159	31	125	3
TOTAL	1545	193	1328	24

Residential Living Situation: Figure 16

DECIDENTIAL LIVING CITHATION	2012					
RESIDENTIAL LIVING SITUATION (Q40. Where are you currently living?)	Response Population	Class Member	Non Class Member	Class Status Unknown		
Owned or Rented Home or Apartment	1034	98	925	11		
Someone Else's Home or Apartment	143	13	128	2		
Crisis Residence	3	1	2	0		
Homeless or Homeless Shelter	17	1	16	0		
Jail or Correctional Facility	1	0	1	0		
Residential Care or Treatment	56	21	35	0		
Medical Hospitalization	1	0	1	0		
Psychiatric Hospitalization	1	0	1	0		
Substance Abuse Treatment Hospitalization	0	0	0	0		
Skilled Nursing Facility	4	3	1	0		
Other	62	6	56	0		
Subtotal	1322	143	1166	13		
Missing	33	5	28	0		
TOTAL	1355	148	1194	13		

DECIDENTIAL LIVING CITUATION		20	011	
(Q40. Where are you currently living?)	Response Population	Class Member	Non Class Member	Class Status Unknown
Owned or Rented Home or Apartment	1211	127	1064	20
Someone Else's Home or Apartment	159	19	139	1
Crisis Residence	1	0	1	0
Homeless or Homeless Shelter	19	1	17	1
Jail or Correctional Facility	0	0	0	0
Residential Care or Treatment	66	27	39	0
Medical Hospitalization	0	0	0	0
Psychiatric Hospitalization	3	2	1	0
Substance Abuse Treatment Hospitalization	0	0	0	0
Skilled Nursing Facility	8	1	7	0
Other	53	11	42	0
Subtotal	1520	188	1310	22
Missing	25	5	18	2
TOTAL	1545	193	1328	24

Living Situation by Gender: Figure 17

LIVING CITUATION CATISTACTION	2012			
LIVING SITUATION SATISFACTION BY GENDER	Response Population	Male	Female	
Living in Owned Home or Apartment*	1023	349	674	
Other Living*	286	127	159	
TOTAL	1309	476	833	

Living Situation by Class Member Status: Figure 18

	2012					
LIVING SITUATION SATISFACTION BY CLASS MEMBER STATUS	Response Population	Class Member	Non Class Member	Class Status Unknown		
Living in Owned Home or Apartment*	1023	98	925	0		
Other Living*	286	45	241	0		
TOTAL	1309	143	1166	0		

Multiple Living Situation: Figure 19

AALUTIDI E LIVANG CITUATION	2012					
(Q41. Have you lived in any of the following places in the last 12 months?)	Class Member	Non Class Member	Class Status Unknown	TOTAL		
Owned or Rented Home or Apartment	89	857	11	957		
Someone Else's Home or Apartment	15	222	4	241		
Crisis Residence	13	52	2	67		
Homeless or Homeless Shelter	6	72	2	80		
Jail or Correctional Facility	3	23	0	26		
Residential Care or Treatment	18	53	1	72		
Medical Hospitalization	12	54	0	66		
Psychiatric Hospitalization	17	69	0	86		
Substance Abuse Treatment Hospitalization	1	12	0	13		
Skilled Nursing Facility	5	10	0	15		
Other	6	61	0	67		

	2011				
MULTIPLE LIVING SITUATION (Q41. Have you lived in any of the following places in the last 12 months?)	Class Member	Non Class Member	Class Status Unknown	TOTAL	
Owned or Rented Home or Apartment	126	988	19	1133	
Someone Else's Home or Apartment	20	225	3	248	
Crisis Residence	13	67	2	82	
Homeless or Homeless Shelter	7	78	2	87	
Jail or Correctional Facility	5	31	1	37	
Residential Care or Treatment	34	57	0	91	
Medical Hospitalization	17	60	1	78	
Psychiatric Hospitalization	21	75	0	96	
Substance Abuse Treatment Hospitalization	1	15	0	16	
Skilled Nursing Facility	7	22	0	29	
Other	8	45	1	55	

Health Risk: Figure 20

HEALTH RISK (Age 18-64 Years)	Age Group	2010 DIG Survey	2010 TOTAL COUNT	2011 DIG Survey	2011 TOTAL COUNT	2012 DIG Survey	2012 TOTAL COUNT
Do you smoke cigarettes? <u>Smoking</u>	18-44	245	483	271	568	240	512
	45-64	324	733	333	778	290	652
Height and Weight. Obesity	18-44	203	410	284	468	246	476
	45-64	359	654	364	662	333	597
Have you ever been told by your doctor or health professional that you have? Blood cholesterol is high. High Cholesterol*	18-44	114	493	144	578	125	526
	45-64	354	763	372	816	318	682
Have you ever been told by your doctor or health professional that you have? Blood pressure is high. High Blood Pressure*	18-44	106	493	159	578	105	526
	45-64	318	763	346	816	285	682

Chronic Health Conditions: Figure 21

	2012				
CHRONIC HEALTH CONDITIONS* (Age 18-64 Years)	Age	2010 DIG	2011 DIG	2012 DIG	
	Group	Survey	Survey	Survey	
Have you ever been told by your doctor or health professional that you have? Angina or coronary heart disease. Heart attack or myocardial infarction. Diabetes.					

Metabolic Risk: Figure 22

METABOLIC RISK* (Age 18-64 Years)		2012				
		2010 DIG Survey	2011 DIG Survey	2012 DIG Survey		
O Diele		220	205	216		
0 Risks	45-64	192	230	169		
2 au Maus Bisla		116	166	129		
2 or More Risks	45-64	348	365	305		
TOTAL COUNT	18-44	493	578	526		
TOTAL COUNT	45-64	763	816	682		
* Metabolic Risk = reported obesity, high blood pressure, or cholesterol and no diabetes						

Cardiovascular Risk: Figure 23

CARDIOVASCULAR RISK* (Age 18-64 Years)		2012				
		2010 DIG Survey	2011 DIG Survey	2012 DIG Survey		
O Diele		113	102	106		
0 Risks	45-64	95	109	87		
2 14 8:1		108	135	110		
3 or More Risks	45-64	341	328	287		
TOTAL COUNT	18-44	493	578	526		
TOTAL COUNT	45-64	763	816	682		
* Cardiovascular Risk = reported CVD, high blood pressure, high cholesterol, diabetes, smoking or obesity						

Unhealthy Days: Figure 24

UNHEALTHY DAYS (Age 18-64 Years) Numbers reflect the percentage of individuals reporting 14 or more poor health days ** Statistically Significant	2010 DIG Survey	2010 TOTAL COUNT	2011 DIG Survey	2011 TOTAL COUNT	2012 DIG Survey	2012 TOTAL COUNT
Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?	433	679	488	742	446	668
Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days <u>during the past 30 days</u> was your mental health not good?	569	690	677	779	616	708
During the past 30 days, about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?	446	692	539	782	476	715

Physical Health Status: Figure 25

		2012				
PHYSICAL HEALTH STATUS	Satisfaction Response	0 Days Physical Health Not Good	TOTAL 0 DAYS	14 or More Days Physical Health Not Good	TOTAL 14 OR MORE DAYS	
Perception of Access*	Satisfied	209	241	342	494	
Perception of Access	Not Satisfied	32	241	152	494	
Quality and Appropriateness*	Satisfied	217	244	394	497	
Quality and Appropriateness	Not Satisfied	27	244	103	43/	
Participation in Treatment Planning*	Satisfied	214	220	408	491	
Participation in Treatment Planning	Not Satisfied	24	238	83		
General Satisfaction*	Satisfied	213	242	404	407	
General Satisfaction	Not Satisfied	29	242	93	497	
Casial Connectedness*	Satisfied	188	241	258	401	
Social Connectedness*	Not Satisfied	53	241	233	491	
Outcomes*	Satisfied	186	242	274	400	
Outcomes*	Not Satisfied	57	243	224	498	
Functioning*	Satisfied	177	242	250	400	
Functioning*	Not Satisfied	65	242	249	499	

Mental Health Status: Figure 26

Cital Health Status, Highre 20		2012				
MENTAL HEALTH STATUS	Satisfaction Response	0 Days Physical Health Not Good	TOTAL 0 DAYS	14 or More Days Physical Health Not Good	TOTAL 14 OR MORE DAYS	
Perception of Access*	Satisfied	101	107	465	671	
Perception of Access	Not Satisfied	6	107	206	0/1	
Quality and Appropriateness*	Satisfied	98	109	531	673	
Quality and Appropriateness	Not Satisfied	11	109	142		
Participation in Treatment Planning*	Satisfied	98	105	542	669	
Participation in Treatment Planning	Not Satisfied	7	105	127	009	
Conoral Satisfaction*	Satisfied	94	100	538	673	
General Satisfaction*	Not Satisfied	14	108	135		
Social Connectedness*	Satisfied	87	107	327	669	
Social Connecteuriess*	Not Satisfied	20	107	341	668	
Outcomes*	Satisfied	98	100	347	672	
Outcomes*	Not Satisfied	11	109	326	673	
Functioning*	Satisfied	93	109	316	672	
runctioning *	Not Satisfied	16	103	356	672	

Poor Health Status: Figure 27

		2012				
POOR HEALTH STATUS	Satisfaction Response	0 Days Physical Health Not Good	TOTAL 0 DAYS	14 or More Physical Health Not Good	TOTAL 14 OR MORE DAYS	
Perception of Access*	Satisfied	233	266	354	518	
Perception of Access*	Not Satisfied	33	200	164	210	
Quality and Appropriatoress*	Satisfied	241	260	405	F21	
Quality and Appropriateness*	Not Satisfied	28	269	116	521	
Darticipation in Treatment Diagning*	Satisfied	240	264	418	516	
Participation in Treatment Planning*	Not Satisfied	24	264	98		
General Satisfaction*	Satisfied	238	260	412	F30	
General Satisfaction	Not Satisfied	30	268	108	520	
Social Connectedness*	Satisfied	215	265	251	F16	
Social Connectedness*	Not Satisfied	50	265	265	516	
Outcomes*	Satisfied	216	250	252	520	
Outcomes"	Not Satisfied	53	269	268	520	
Functioning*	Satisfied	218	268	229	E20	
Functioning	Not Satisfied	50	208	291	520	

	2012				
RENT SUBSIDY (Q42. Are you currently receiving a rent subsidy?)	Response Population	Class Member	Non Class Member	Class Status Unknown	
Yes	695	88	601	6	
No	587	47	535	5	
Subtotal	1282	135	1136	11	
Missing	73	13	58	2	
TOTAL	1355	148	1194	13	

TYPE OF RENT SUBSIDY	2012						
(Q42a. If yes, which do you receive?)	Response Population	Class Member	Non Class Member	Class Status Unknown			
Section 8 Housing	355	44	308	3			
Project Base Rental Subsidy	81	4	77	0			
BRAP	75	22	52	1			
Shelter Plus Care	43	5	38	0			
Other Rental Assistance	143	13	128	2			

	2012					
CURRENT INCOME (Q44. What is your current income status?)	Response Population	Class Member	Non Class Member	Class Status Unknown		
Social Security Disability Insurance (SSDI)	695	101	587	7		
Social Security Income (SSI)	593	58	532	3		
No Income Source	91	3	87	1		
Other	90	10	80	0		
Earned Employment	77	7	69	1		
Temporary Assistance for Needy Families (TANF)	75	1	74	0		
Retirement from Social Security	47	7	40	0		
Child Support	43	2	41	0		
General Assistance	35	2	33	35		
Veteran's Pension	12	4	8	0		
Trust	10	2	8	0		
Alimony	9	1	8	0		
Unemployment Insurance	7	0	7	0		
Veteran's Disability Payment	6	2	4	0		
Pension from Former Job	4	2	2	0		
Workers Compensation	2	0	2	0		
Private Disability	1	1	0	0		

HEALTH RISK	2012					
(Q46. Have you ever been told by your doctor or health professional that you have?)	Response Population	Class Member	Non Class Member	Class Status Unknown		
Asthma	406	43	360	3		
Arthritis	482	49	428	5		
Epilepsy or Seizure Disorder	116	15	101	0		
Injury to Head or Brain	202	23	178	1		
Liver Condition (e.g., Hepatitis, Cirrhosis, decreased liver function)	103	9	91	3		

EXERCISE	2012					
(Q48. During the past month, did you participate in any physical activities or exercises such as running, aerobics, basketball or other sports, gardening or walking for exercise?)	Response Population	Class Member	Non Class Member	Class Status Unknown		
Yes	852	95	750	7		
No	438	45	688	5		
Subtotal	1290	140	1138	12		
Missing	65	8	56	1		
TOTAL	1355	148	1194	13		

VIGOROUS PHYSICAL EXERCISE	2012				
(Q49. Vigorous physical activities are those that cause large increases in breathing, heart rate, or sweating. How many days per week do you have these vigorous Activities for at least 10 minutes at a time?)	Response Population	Class Member	Non Class Member	Class Status Unknown	
MEAN (Days)	3.69	4.02	3.65		
MEDIAN (Days)	3.00	4.00	3.00		
1 day/week	93	9	84	0	
2 days/week	142	10	132	0	
3 days/week	153	12	140	1	
4 days/week	61	9	52	0	
5 days/week	77	7	68	2	
6 days/week	22	4	18	0	
7 days/week	129	15	114	0	
Subtotal	677	66	608	3	
Missing	678	82	586	10	
TOTAL	1355	148	1194	13	

ALCOHOL		20)12	
(Q50. On the days when you drink alcohol, about how many drinks do you drink on average?)	Response Population	Class Member	Non Class Member	Class Status Unknown
No Drinks	795	74	713	8
1 Drink	56	4	52	0
2 Drinks	39	4	35	0
3 Drinks	22	5	17	0
4 Drinks	11	0	11	0
5 Drinks	6	0	6	0
6 Drinks	3	1	2	0
7 Drinks	2	0	2	0
8 Drinks	4	1	3	0
9 Drinks	0	0	0	0
10+ Drinks	8	1	6	1
Subtotal	946	90	847	9
Missing	409	58	347	4
TOTAL	1355	148	1194	13

CONDITION OF TEETH*		20)12	
(Q51. How would you describe the condition of your teeth?)	Response Population	Class Member	Non Class Member	Class Status Unknown
Excellent/Good	435	61	373	1
Fair/Poor	716	68	639	9
Subtotal	1151	129	1012	10
Missing	204	19	182	3
TOTAL	1355	148	1194	13

CONDITION OF TEETH	2012						
(Q52. How long has it been since you had your teeth Cleaned by a dentist or dental hygienist?)	Response Population	Class Member	Non Class Member	Class Status Unknown			
MEAN (Months)	4.17	4.26	4.15				
MEDIAN (Months)	4.00	4.00	4.00				
1 Month	49	5	44	0			
2 Months	46	8	37	1			
3 Months	39	6	33	0			
4 Months	19	3	16	0			
5 Months	18	5	13	0			
6 Months	68	12	54	2			
More than 6 Months (Less than 1 year)	38	4	34	0			
More than 1 year	606	58	542	6			
Subtotal	883	101	773	9			
Missing	472	47	421	4			
TOTAL	1355	148	1194	13			

GENERAL HEALTH	2012			
(Q53. Would you say that your general health is)	Excellent/Good	Fair/Poor		
2012 DIG Survey (n=1273)	629	644		
2011 DIG Survey (n=1478)	703	775		
2010 DIG Survey (n=1314)	665	649		

TABLE 1: NATIONAL OUTCOME MEASURES BY SURVEY AREAS

C 1	Adult Consumer C		2012						
Survey Area	Adult Consumer Survey Question	Strongly Agree	Agree	Undecided/ Neutral	Disagree	Strongly Disagree	TOTA		
	Staff are willing to see me as often as I feel it is necessary.	459	561	137	90	44	1291		
	Staff return my call within 24 hours.	432	537	148	102	47	1266		
	Services are available at times that are good for me.	477	610	131	60	25	1303		
Perception of Access	The location of services is convenient (public transportation,	455	589	117	74	48	1283		
	distance, parking, etc.).	227	475	170	120	01	1200		
	I am able to see a psychiatrist when I want to.	337 364	475	178	138 125	81 77	1209		
	I was able to get all the services I think I need. Staff believe that I can grow, change and recover.	414	560 563	186 216	49	29	1317		
	Staff encourage me to take responsibility for how I live my life.	420	647	142	35	26	127		
	Staff respect my wishes about who is and who is not to be given	420	047	142	33	20	12/		
	information about my treatment.	593	565	91	21	23	129		
	Staff help me to obtain the information I need so that I can take charge	***		450			400		
	of managing my illness.	409	623	160	61	29	128		
Quality and Appropriateness	Staff are sensitive to my cultural background (race, religion, language, etc.).	452	512	169	24	23	118		
	I am encouraged to use consumer-run programs (support groups, drop- in centers, consumer warm lines, social clubs, etc.).	331	497	247	91	39	120		
	I am given information about my rights.	571	606	85	27	20	130		
	Staff tell me what side effects to watch out for.	401	526	164	102	41	123		
	I feel free to complain.	432	569	167	70	62	130		
Participation in Treatment	I feel comfortable asking questions about my treatment and								
	medication.	554	565	102	50	33	130		
Planning	I, not staff, decide my treatment goals.	396	527	228	84	37	127		
	If I had other choices, I would still get services from my current service provider(s).	540	516	171	48	37	131		
General Satisfaction	I would recommend my current service provider(s) to a friend or family member.	583	519	132	43	42	131		
	I like the services that I receive.	567	573	113	39	31	132		
	Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.	340	446	226	157	125	129		
	Other than my current service provider(s), I am happy with the friendships I have.	317	496	262	130	81	128		
Social Connectedness	Other than my current service provider(s), I have people with whom I can do enjoyable things.	319	541	212	144	83	129		
	Other than my current service provider(s), I feel I belong in my community.	263	459	312	157	119	131		
	As a direct result of my current services, I deal more effectively with daily problems.	399	593	207	87	40	132		
	As a direct result of my current services, I am better able to control my life.	368	593	221	100	43	132		
	As a direct result of my current services, I am better able to deal with crisis.	309	555	272	122	58	131		
Outcomes	As a direct result of my services, I am getting along better with my family.	299	464	270	130	73	123		
	As a direct result of my services, I do better in social situations.	240	512	340	156	69	131		
	As a direct result of my current services, I do better in school and/or work.	115	192	238	74	47	666		
	As a direct result of my current services, my housing situation has improved.	342	400	230	129	79	118		
	As a direct result of my current services, my symptoms are not bothering me as much.	221	476	309	206	103	131		
	As a direct result of my current services, my symptoms are not bothering me as much.	221	476	309	206	103	131		
	As a direct result of my current services, I do things that are more meaningful to me.	277	583	282	127	59	132		
Functioning	As a direct result of my current services, I am better able to take care of my needs.	296	664	217	103	48	132		
	As a direct result of my current services, I am better able to handle things when they go wrong.	217	556	318	162	70	132		
	As a direct result of my current services, I am better able to do things that I want to do.	234	550	287	171	76	131		
	My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).	393	557	237	74	46	130		
Not Part of Scale	My current service provider(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	352	632	183	86	39	129		
	Mutual support or recovery focused groups that are facilitated by peers are available to me through my current service provider(s).	213	488	251	112	70	113		

TABLE 2: NATIONAL OUTCOME MEASURES BY CLASS MEMBER

Survey Area	Adult Consumer Survey Question		2012					
Survey Area	Adult Consumer Survey Question	Strongly Agree	Agree	Undecided/ Neutral	Disagree	Strongly Disagree	тот	
	Staff are willing to see me as often as I feel it is necessary.	48	63	13	9	7	14	
	Staff return my call within 24 hours.	49	55	19	7	7	13	
	Services are available at times that are good for me.	48	70	16	5	5	14	
Perception of Access	The location of services is convenient (public transportation, distance, parking, etc.).	53	66	10	4	6	13	
	I am able to see a psychiatrist when I want to.	46	58	10	15	9	13	
	I was able to get all the services I think I need.	44	64	14	11	10	1	
	Staff believe that I can grow, change and recover.	44	62	23	8	7	1	
	Staff encourage me to take responsibility for how I live my life.	48	66	18	6	5	1	
	Staff respect my wishes about who is and who is not to be given information about my treatment.	52	69	14	4	2	1	
	Staff help me to obtain the information I need so that I can take charge of managing my illness.	45	63	22	9	4	1	
uality and Appropriateness	Staff are sensitive to my cultural background (race, religion, language, etc.).	41	60	24	2	3	1	
	I am encouraged to use consumer-run programs (support groups, drop- in centers, consumer warm lines, social clubs, etc.).	40	56	22	10	5	1	
	I am given information about my rights.	57	70	8	3	4	1	
	Staff tell me what side effects to watch out for.	43	53	16	16	9	1	
	I feel free to complain.	42	69	17	7	8	1	
Participation in Treatment	I feel comfortable asking questions about my treatment and medication.	56	67	13	2	8	1	
Planning	I, not staff, decide my treatment goals.	39	58	29	10	5	1	
	If I had other choices, I would still get services from my current service provider(s).	59	56	19	4	6	1	
General Satisfaction	I would recommend my current service provider(s) to a friend or family member.	56	60	17	8	4	1	
	I like the services that I receive.	61	65	13	4	3	1	
	Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.	39	50	18	17	18	1	
Social Connectedness	Other than my current service provider(s), I am happy with the friendships I have.	36	58	25	10	9	1	
obelal connectedness	Other than my current service provider(s), I have people with whom I can do enjoyable things.	40	58	14	14	16	1	
	Other than my current service provider(s), I feel I belong in my community.	34	59	27	9	13	1	
	As a direct result of my current services, I deal more effectively with daily problems.	46	70	13	12	4	1	
	As a direct result of my current services, I am better able to control my life. As a direct result of my current services, I am better able to deal with	45	64	19	9	6	1	
	crisis.	40	72	19	8	7	1	
Outcomes	As a direct result of my services, I am getting along better with my family.	36	52	15	13	12	1	
	As a direct result of my services, I do better in social situations.	27	56	35	15	8	1	
	As a direct result of my current services, I do better in school and/or work.	18	15	21	13	4	7	
	As a direct result of my current services, my housing situation has improved.	49	47	21	7	8	1	
	As a direct result of my current services, my symptoms are not bothering me as much.	30	62	29	16	7	1	
	As a direct result of my current services, my symptoms are not bothering me as much.	30	62	29	16	7	1	
	As a direct result of my current services, I do things that are more meaningful to me.	37	54	31	9	9	1	
Functioning	As a direct result of my current services, I am better able to take care of my needs.	46	64	21	7	6	1	
	As a direct result of my current services, I am better able to handle things when they go wrong.	32	57	36	9	9	1	
	As a direct result of my current services, I am better able to do things that I want to do.	34	59	30	12	7	1	
	My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s). My current service provider(s) give me opportunities to learn skills	37	64	25	10	7	1	
Not Part of Scale	that allow me to strengthen and maintain my wellness. Mutual support or recovery focused groups that are facilitated by	36	67	26	9	5	1	
	peers are available to me through my current service provider(s).	30	56	19	10	8	1	

TABLE 3: NATIONAL OUTCOME MEASURES BY NON CLASS MEMBER

Survey Area	Adult Consumer Survey Overtion	2012						
Survey Area	Adult Consumer Survey Question	Strongly Agree	Agree	Undecided/ Neutral	Disagree	Strongly Disagree	тота	
	Staff are willing to see me as often as I feel it is necessary.	407	497	122	77	37	1140	
	Staff return my call within 24 hours.	379	478	127	93	40	111	
	Services are available at times that are good for me.	425	537	112	53	20	114	
Perception of Access	The location of services is convenient (public transportation, distance, parking, etc.).	398	521	104	68	41	1132	
	I am able to see a psychiatrist when I want to.	290	415	165	120	70	1060	
	I was able to get all the services I think I need.	316	495	168	110	67	115	
	Staff believe that I can grow, change and recover.	367	497	192	40	21	111	
	Staff encourage me to take responsibility for how I live my life.	370	577	122	27	20	111	
	Staff respect my wishes about who is and who is not to be given information about my treatment.	536	492	76	16	20	114	
	Staff help me to obtain the information I need so that I can take charge of managing my illness.	360	557	135	51	24	112	
Quality and Appropriateness	Staff are sensitive to my cultural background (race, religion, language, etc.).	406	450	143	21	19	103	
	I am encouraged to use consumer-run programs (support groups, drop- in centers, consumer warm lines, social clubs, etc.).	288	438	221	80	33	106	
	I am given information about my rights.	509	532	76	23	15	115	
	Staff tell me what side effects to watch out for.	355	472	142	85	31	108	
	I feel free to complain.	386	498	149	59	53	114	
Participation in Treatment	I feel comfortable asking questions about my treatment and medication.	495	493	87	47	24	114	
Planning	I, not staff, decide my treatment goals.	354	465	197	72	31	11:	
	If I had other choices, I would still get services from my current service provider(s).	475	458	150	43	30	11	
General Satisfaction	I would recommend my current service provider(s) to a friend or family member.	521	457	112	35	36	11	
	I like the services that I receive.	501	505	97	35	26	11	
	Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.	300	394	205	140	103	11	
Social Connectedness	Other than my current service provider(s), I am happy with the friendships I have.	279	437	235	118	68	11	
Social connecteuress	Other than my current service provider(s), I have people with whom I can do enjoyable things.	277	481	196	129	63	11	
	Other than my current service provider(s), I feel I belong in my community.	227	398	283	147	102	11	
	As a direct result of my current services, I deal more effectively with daily problems.	351	518	192	73	35	11	
	As a direct result of my current services, I am better able to control my life.	322	523	199	91	36	11	
	As a direct result of my current services, I am better able to deal with crisis. As a direct result of my services, I am getting along better with my	267	478	251	113	49	11	
Outcomes	family.	262	409	252	115	59	10	
	As a direct result of my services, I do better in social situations.	212	452	301	139	60	11	
	As a direct result of my current services, I do better in school and/or work.	96	176	214	60	41	58	
	As a direct result of my current services, my housing situation has improved.	292	350	206	120	69	10	
	As a direct result of my current services, my symptoms are not bothering me as much.	190	413	274	189	93	11	
	As a direct result of my current services, my symptoms are not bothering me as much.	190	413	274	189	93	11	
	As a direct result of my current services, I do things that are more meaningful to me.	239	526	248	115	48	11	
Functioning	As a direct result of my current services, I am better able to take care of my needs.	248	595	193	95	40	11	
	As a direct result of my current services, I am better able to handle things when they go wrong.	184	494	280	150	60	11	
	As a direct result of my current services, I am better able to do things that I want to do.	199	489	252	156	68	11	
	My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s). My current service provider(s) give me opportunities to learn skills	353	490	211	60	38	11	
Not Part of Scale	that allow me to strengthen and maintain my wellness. Mutual support or recovery focused groups that are facilitated by	313	560	155	76	33	11	
	peers are available to me through my current service provider(s).	183	428	229	100	61	10	

ADULT CONSUMER SURVEY	



2012 Adult Mental Health & Well-Being Survey

	STATEMENT	RESPONSE OPTIONS					
		Strongly Agree (1)	Agree (2)	Undecided/ Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (9)
1.	As a direct result of my current services, I deal more effectively with daily problems.	0	0	0	0	0	0
2.	As a direct result of my current services, I am better able to control my life.	0	0	0	0	0	0
3.	As a direct result of my current services, I am better able to deal with crisis.	0	0	0	0	0	0
4.	As a direct result of my services, I am getting along better with my family.	0	0	0	0	0	0
5.	As a direct result of my services, I do better in social situations.	0	0	0	0	0	0
6.	As a direct result of my current services, I do better in school and/or work.	0	0	0	0	0	0
7.	As a direct result of my current services, my housing situation has improved.	0	0	0	0	0	0
8.	As a direct result of my current services, my symptoms are not bothering me as much.	0	0	0	0	0	0
9.	As a direct result of my current services, I do things that are more meaningful to me.	0	0	0	0	0	0
	As a direct result of my current services, I am better able to take care of my needs.	0	0	0	0	0	0
11.	As a direct result of my current services, I am better able to handle things when they go wrong.	0	0	0	0	0	0
12.	As a direct result of my current services, I am better able to do things that I want to do.	0	0	0	0	0	0
13.	Staff believe that I can grow, change and recover.	0	0	0	0	0	0
14.	Staff encourage me to take responsibility for how I live my life.	0	0	0	0	0	0
15.	My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).	0	0	0	0	0	0

STATEMENT	RESPONSE OPTIONS					
	Strongly Agree (1)	Agree (2)	Undecided/ Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (9)
16. My current service provider(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	0	0	0	0	0	0
17. Mutual support or recovery focused groups that are facilitated by peers are available to me through my current service provider(s).	0	0	0	0	0	0
18. Staff respect my wishes about who is and who is not to be given information about my treatment.	0	0	0	0	0	0
19. Staff help me to obtain the information I need so that I can take charge of managing my illness.	0	0	0	0	0	0
20. Staff are sensitive to my cultural background (race, religion, language, etc.).	0	0	0	0	0	0
21. I am encouraged to use consumer-run programs (support groups, drop-in centers, consumer warm lines, social clubs, etc.).	0	0	0	0	0	0
22. I am given information about my rights.	0	0	0	0	0	0
23. I feel comfortable asking questions about my treatment and medication.	0	0	0	0	0	0
24. Staff tell me what side effects to watch out for.	0	0	0	0	0	0
25. I, not staff, decide my treatment goals.	0	0	0	0	0	0
26. Staff are willing to see me as often as I feel it is necessary.	0	0	0	0	0	0
27. Staff return my call within 24 hours.	0	0	0	0	0	0
28. Services are available at times that are good for me.	0	0	0	0	0	0
29. The location of services is convenient (public transportation, distance, parking, etc.).	0	0	0	0	0	0
30. I am able to see a psychiatrist when I want to.	0	0	0	0	0	0
31. I feel free to complain.	0	0	0	0	0	0
32. I was able to get all the services I think I need.	0	0	0	0	0	0
33. If I had other choices, I would still get services from my current service provider(s).	0	0	0	0	0	0

STATEMENT	RESPONSE OPTIONS					
	Strongly Agree (1)	Agree (2)	Undecided/ Neutral (3)	Disagree (4)	Strongly Disagree (5)	Not Applicable (9)
34. I would recommend my current service provider(s) to a friend or family member.	0	0	0	0	0	0
35. I like the services that I receive.	0	0	0	0	0	0
36. Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.	0	0	0	0	0	0
37. Other than my current service provider(s), I am happy with the friendships I have.	0	0	0	0	0	0
38. Other than my current service provider(s), I have people with whom I can do enjoyable things.	0	0	0	0	0	0
39. Other than my current service provider(s), I feel I belong in my community.	0	0	0	0	0	0

HOUSING

40. Where are you currently living	ng? (Please check one)
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\circ	(1) Owned or Rented Home or Apartment
\circ	(2) Someone Else's Home or Apartment
\circ	(3) Crisis Residence
\circ	(4) Homeless or Homeless Shelter
\circ	(5) Jail or Correctional Facility
\circ	(6) Residential Care or Treatment
\circ	(7) Medical Hospitalization
\circ	(8) Psychiatric Hospitalization
\circ	(9) Substance Abuse Treatment Hospitalization
\circ	(10) Skilled Nursing Facility
0	(11) Other

41. Have you lived in any of the following places in the last 12 months? (Check all that apply)

\circ	Owned or Rented Home or Apartment
\circ	Someone Else's Home or Apartment
\circ	Crisis Residence
\circ	Homeless or Homeless Shelter
\circ	Jail or Correctional Facility
\circ	Residential Care or Treatment
\circ	Medical Hospitalization
\circ	Psychiatric Hospitalization
\circ	Substance Abuse Treatment Hospitalization
\circ	Skilled Nursing Facility
_	

42.	Are yo	ou currently receiving a rent subsidy?
	0	Yes
	0	No
42a.	If yes,	which do you receive?
	0	Section 8 Housing
	0	Project Base Rental Subsidy
	\circ	BRAP
	\circ	Shelter Plus Care
	0	Other Rental Assistance
EMPLO	DYMEN	T AND INCOME
43.	Are yo	ou currently employed? (Please check one)
	0	(1) Competitively Employed Full-Time (32+ hours per week)
	\circ	(2) Competitively Employed Part-Time
	\circ	(3) Self-Employed
	\circ	(4) Not Employed, Looking for Work
	\circ	(5) Volunteer Work
	0	(6) Retired
	0	(7) Not Employed, Not Looking for Work
	0	(8) Working with Supports Part-Time
	0	(9) Sheltered Employment
	0	(10) Vocational Rehabilitation Services
	0	(11) Other
44.	What	is your current income status? (Please check all that apply)
	0	No Income Source
	\circ	Earned Employment
	\circ	Unemployment Insurance
	\circ	Supplemental Security Income (SSI)
	\circ	Social Security Disability Income (SSDI)
	\circ	Temporary Assistance for Needy Families (TANF)
	0	General Assistance (GA)
	0	Veteran's Disability Payment
	0	Private Disability
	0	Workers Compensation
	0	Retirement from Social Security
	0	Veteran's Pension
	0	Pension from Former Job
	0	Child Support Alimony
	0	Trust
	0	Other

HEALTH AND WELL-BEING

45.	Height	Weight
46.	Have y	ou ever been told by your doctor or other health professional that you have? (Check all that apply)
	0	Angina or Coronary Heart Disease
	\circ	Heart Attack or Myocardial Infarction
	\circ	Stroke
	0	High Blood Cholesterol
	0	High Blood Pressure or Hypertension
	0	Diabetes
	0	Asthma
		Arthritis 5 citizen a Cair and Biocard and and Bio
	0	Epilepsy or Seizure Disorder
	0	Injury to Head or Brain Liver Condition (e.g. Hongtitis, Circhesis, Decreased Liver Function)
	0	Liver Condition (e.g. Hepatitis, Cirrhosis, Decreased Liver Function)
47 .	Do you	now smoke cigarettes? (Please check one)
	0	(1) Everyday
		(2) Some Days
	0	(3) Not at all
48.	_	the past month, did you participate in any physical activities or exercises such as running, aerobics ball or other sports, gardening or walking for exercise?
	0	(1) Yes
	0	(2) No
49.	_	us physical activities are those that cause large increases in breathing, heart rate or sweating. Hov days per week do you do these vigorous activities for at least 10 minutes at a time?
	Nun	nber of days per week
50.		e days when you drink alcohol, about how many drinks do you drink on average? drink is one can/bottle of beer or wine cooler, one glass of wine, one cocktail or one shot of liquor)
	Ave	rage number of drinks per day
51.	How v	would you describe the condition of your teeth: (Please check one)
	0	(1) Excellent
		(2) Very Good
		(3) Good
		(4) Fair
	\circ	(5) Poor

52.	. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?			
	Number of Months Number of Years			
53.	Would you say that in general your general health is: (Please check one)			
	 (1) Excellent (2) Very Good (3) Good (4) Fair (5) Poor 			
54.	4. Now thinking about your physical health, which includes physical illness and injury, for how many days du the past 30 days was your physical health not good?			
	Number of Days			
55.	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?			
	Number of Days			
56.	During the past 30 days, about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?			
	Number of Days			

Thank you for taking the time to complete this survey! If you have any questions, please call 1-888-367-5124.



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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